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## APPLICANTS

ROBERT PAASCH, CORVALLIS, OR;

LN

\*\* CONTINUING DATA \*\*\*\*\*

LN

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after	COUNTRY OR	DRAWING 2	CLAIMS 27	CLAIMS 6
Verified and Acknowledged	Allowance <i>M. Paasch</i> Examiner's Signature	Initials			

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## TITLE

PRINT HEAD APPARATUS WITH MALFUNCTION DETECTOR

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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